

Abstracts

These selected abstracts and titles from the world literature are arranged in the following sections:

Syphilis and other treponematoses

(Clinical and therapy; serology and biological false-positive phenomenon; pathology and experimental)

Gonorrhoea

(Clinical; microbiology; therapy)

Non-specific genital infection

Reiter's disease

Trichomoniasis

Candidosis

Genital herpes

Other sexually transmitted diseases

Public health and social aspects

Miscellaneous

Syphilis and other treponematoses (clinical and therapy)

Treatment of primary and secondary syphilis

NJ FIUMARA (Boston University School of Medicine, USA). *JAMA* 1980;243:2500-2.

One hundred and thirty-eight patients with primary syphilis and 161 patients with secondary syphilis were treated with penicillin G benzathine 2.4 million units given intramuscularly weekly for two weeks (a total of 4.8 million units). All 138 patients with primary syphilis had a rapid resolution of their lesions and all became seronegative within one year. Similarly, the 161 patients with secondary syphilis were cured clinically, and all were seronegative within 24 months.

Author's summary

Screening for syphilis: results of a study of 25 000 neonates in Lower Saxony

J SANDER AND CH NIEHAUS (Staatliches Med Untersuchungsamt, Osnabruck, West Germany). *Dtsch Med Wochenschr* 1980;105:858-9.

In vivo activity of cefuroxime against *Treponema pallidum* and *Neisseria gonorrhoeae* (letter)

P ACRED, P GRUJII, DM RYAN, L XERRI, P ORSOLINI, AND E ERANI (Glaxo Research Laboratories, Greenford, UK). *J Antimicrob Chemother* 1980;6:407-8.

Syphilis (serology and biological false-positive phenomenon)

Antibodies in secondary syphilis against five of forty Reiter treponeme antigens

NS PEDERSEN, NH AXELSEN, BB JØRGENSEN, AND CS PETERSEN (Statens Serum Institut, Copenhagen, Denmark). *Scand J Immunol* 1980;11:629-34.

Solid phase hemadsorption: a method for rapid detection of *Treponema pallidum*-specific IgM

BL SCHMIDT (Krankenhaus der Stadt Wien-Lainz, Vienna, Austria). *Sex Transm Dis* 1980;7:53-8.

The reagin screen test: a new reagin card test for syphilis

RW MARCH AND GE STILES (Fisher Scientific Company, Orangeburg, New York, USA). *Sex Transm Dis* 1980;7:66-70.

Syphilis (pathology and experimental)

LSH hamster model of syphilitic infection

RF SCHELL, JL LEFROCK, JK CHAN, AND O BAGASRA (Union University, Albany, New York, USA). *Infect Immun* 1980;28:909-13.

In their studies on the effects of treponematoses in golden hamsters, the authors have now found an inbred strain of animal which can be infected with *Treponema pallidum* Bosnia A, the cause of endemic syphilis.

Five inbred strains of hamsters were inoculated intradermally in the inguinal region. The LSH strain developed cutaneous ulcerated lesions three weeks after inoculation whereas other strains took up to 12 weeks. Thereafter the LSH strain was used for further experiments.

The minimum inoculum required to produce an infection was found to be 10^4 *T pallidum*. Increasing the inoculum to 10^5 shortened the incubation period from five to four weeks, and an inoculum of 10^6 shortened it to three weeks.

Lymph nodes in infected hamsters increased in weight over 10 weeks compared with controls. The antibody titre (using the Japanese Sera Tek antibody test) rose over the same period to 1/20 480. The peak number of treponemes in the nodes occurred at six weeks when the count was approximately 3 000 000/node; by the twelfth week it had fallen to 200/node.

Inoculation with the Bosnia A strain was found to give some protection against later challenge with *T pallidum* (Nichols) and *T pertenue* and also against challenge with the Bosnia strain itself. The success was measured by counting the treponemes in lymph nodes and by the development of lesions. Greatest protection was found between 10 and 16 weeks after the initial inoculation with Bosnia A.

Endemic syphilis: transfer of resistance to *Treponema pallidum* strain Bosnia A in hamsters with a cell suspension enriched in thymus-derived cells

RF SELL, JK CHAN, JL LeFROCK, AND O BAGASRA (Union University, Albany, New York, USA). *J Infect Dis* 1980; **141**:752-9.

T-cell hyperplasia of lymphoid tissues of rabbits infected with *Treponema pallidum*: evidence of a vigorous immune response

S SELL, SA BAKER-ZANDER, AND RM CHERI LLOYD (University of California, San Diego, USA). *Sex Transm Dis* 1980; **7**: 74-84.

In-vitro antigen-specific response of spleen cells from *Treponema pallidum*-infected mice

JR KLEIN, MI COLLECTOR, PH HARDY, AND AA MONJAN (University of Pennsylvania, Philadelphia, USA). *J Immunol* 1980; **125**:490.

***Gonorrhoea* (clinical)**

Gonococcal endocarditis associated with immune complex glomerulonephritis

JR EBRIGHT AND R KOMOROWSKI (Medical College of Wisconsin, Milwaukee, USA). *Am J Med* 1980; **68**:793-6.

A case of chronic septicaemia is reported in a 24-year-old black man with a five-month history of recurrent fever progressing to nephrotic syndrome and signs of endocarditis. Immunofluorescent and ultrastructural studies on a renal biopsy specimen showed sub-endothelial granular deposits of immunoglobulins A, G, and M and also C3 component of complement. Gonococcal antigen could not be identified because antigenococcal antibody was not available. The aetiology rests on a single blood culture, performed on admission, which gave a positive result for *Neisseria gonorrhoeae* on the twelfth day. The method of identification is not given; local cultures all gave negative results; a GCFT was not done; and there was no epidemiological support. Furthermore, the case occurred in 1972 and has only just come to print. All things considered, there must be some reservations before accepting this as "the eleventh case of gonococcal endocarditis reported since 1948."

Brian Evans

Gonorrheal disease among children in a university hospital

ER WALD, CL WOODWARD, G MARSTON, AND LM GILBERT (University of Maryland, Baltimore, USA). *Sex Transm Dis* 1980; **7**:41-3.

Ophthalmia neonatorum due to beta-lactamase-producing gonococci

EMC DUNLOP, P RODIN, AD SETH, AND B KOLATOR (Whitechapel Clinic, London Hospital, London, UK). *Br Med J* 1980; **281**:483.

***Gonorrhoea* (microbiology)**

***Neisseria gonorrhoeae* isolated from Ethiopia. I In-vitro susceptibility patterns to five antibiotics. II Pair correlations between minimal inhibitory concentration values of five antibiotics and frequency of multiple antibiotic resistance.**

M GEDEBOU AND A TASSEN (University of Addis Ababa, Ethiopia) *Bull WHO* 1980; **58**:67-79.

Five hundred gonococcal strains isolated from male patients with simple gonococcal urethritis were tested for antibiotic sensitivity. Of these, 205 (41%) strains were penicillin-resistant; no β -lactamase producers were found. Two hundred and ninety-two (58.4%) strains required a concentration of 0.2 mg/l or more of ampicillin for inhibition but only 41 (8.2%) strains were resistant to tetracycline; none was resistant to chloramphenicol. Over the past seven years penicillin resistance has actually decreased. Resistance of gonococci to multiple drugs was unusually high and found in 47.4%. This finding must be a cause of concern for the future of therapeutic control of gonorrhoea. The various hypotheses for multiple resistance are discussed.

G W Csonka

Identification of pathogenic *Neisseria gonorrhoeae* by genetic transformation

SK SARAFIAN AND H YOUNG (University of Edinburgh, UK). *J Med Microbiol* 1980; **13**:291-6.

Pathogenic neisseriae were detected by genetic transformation of a naturally occurring proline auxotroph of *Neisseria gonorrhoeae* strain F62. Of 169 clinical

isolates of *N gonorrhoeae* approximately 90% gave positive transformation assays. Twelve clinical isolates of *Neisseria meningitidis* and stock cultures of the various meningococcal serogroup also gave positive results. However, the sensitivity of the assay was found to be approximately 1000-fold lower with *N meningitidis* as test organism. Eleven other members of the family *Neisseriaceae* failed to transform the recipient organism.

Although the proline requirement did not appear to limit the value of the assay greatly, it was probably the main reason for the negative results. The sensitivity of the assay and its ability to detect non-viable gonococci suggest that this method merits further investigation as a possible aid to diagnosis of gonococcal infection in special circumstances.

Authors' summary

Accuracy of presumptive criteria for culture diagnosis of *Neisseria gonorrhoeae* in low-prevalence populations of women

MP SMELTZER, JW CURRAN, ST BROWN, AND J PASS (Center for Disease Control, Atlanta, USA). *J Clin Microbiol* 1980; **11**:485-7.

Rapid laboratory identification of *Neisseria gonorrhoeae* by co-agglutination

AG HELSTAD AND MK BRUNS (State Laboratory of Hygiene, Madison, USA). *J Clin Microbiol* 1980; **11**:753-4.

An indirect haemagglutination test for demonstration of gonococcal antibodies using gonococcal pili as antigen

K REIMANN, I LIND, AND KE ANDERSEN (Statens Serum Institut, Copenhagen, Denmark). *Acta Pathol Microbiol Scand (C)* 1980; **88**:155-62.

Evaluation of the Phadebact gonococcus test for confirmation of *Neisseria gonorrhoeae*

CM ANAND AND EM KADIS (Provincial Laboratory of Public Health, Alberta, Canada). *J Clin Microbiol* 1980; **12**:15-7.

SJ-GC, a modified complete medium for growth of *Neisseria gonorrhoeae*

RK SHOCKLEY, EE COFFEE, AND KH JOHNSTON (University of Texas, Dallas, USA). *J Clin Microbiol* 1980; **12**:35-8.

Co-transformation of a serum resistance phenotype with genes for arginine biosynthesis in *Neisseria gonorrhoeae*

SK SPRATT, F JONES, TE SHOCKLEY, AND JH JACKSON (University of California, Irvine, USA). *Infect Immun* 1980; 29:287-9.

Physical map of the conjugal plasmid of *Neisseria gonorrhoeae*

FC TENOVER, LW MAYER, AND FE YOUNG (University of Rochester, New York, USA). *Infect Immun* 1980; 29:181-5.

Serologic groups of *Neisseria gonorrhoeae* recovered from patients in Nashville, Tennessee 1971-76

RW QUINN, PN LOWRY, AND CG HELLERQVIST (Vanderbilt University, Tennessee, USA). *Sex Transm Dis* 1980; 7:44-8.

Cross-linking analysis of the outer membrane proteins of *Neisseria gonorrhoeae*

WJ NEWHALL, WD SAWYER, AND RA HAAK, (University of Indiana, USA). *Infect Immun* 1980; 28:785-91.

Extent of peptide cross-linking in the peptide glycan of *Neisseria gonorrhoeae*

RS ROSENTHAL, RM WRIGHT, AND RK SINHA (University of Indiana, USA). *Infect Immun* 1980; 28:867-75.

In-vitro inhibition of *Neisseria gonorrhoeae* growth by strict anaerobes

A MORIN, SA SAHEB, JG BISACCLON, R BEAUDET, AND M SYLVESTRE (University of Quebec, Canada). *Infect Immun* 1980; 28:766-70.

Gonococci-human polymorphonuclear leucocyte interactions: metabolic studies associated with attachment and ingestion

AG KRIEGER, NL SCHILLER, AND RB ROBERTS (Cornell University, New York, USA). *Infect Immun* 1980; 28:991-1000.

Non-beta-lactamase producing *Neisseria gonorrhoeae* highly resistant to penicillin (letter)

R SHTIBEL (Provincial Public Health Laboratory, Toronto, Canada). *Lancet* 1980; ii: 39.

Gonorrhoea (therapy)

Cefuroxime treatment of urethritis caused by a β -lactamase-producing strain of *Neisseria gonorrhoeae*

S NORMARK, TH ELMROS, L NORLANDER, E KJELLBERG, S HOLM, LA BURMAN, AND S BERGSTRÖM (University of Umea, Sweden). *Acta Derm Venereol (Stockh)* 1980; 60:277-9.

Treatment of women with uncomplicated gonococcal infection

NJ FIUMARA (University of Boston, USA). *Sex Transm Dis* 1980; 7:85-6.

Non-specific genital infections

The killing of *Ureaplasma urealyticum* and *Mycoplasma hominis* by povidone-iodine

PM FURR AND D TAYLOR-ROBINSON (Clinical Research Centre, Harrow, UK). *J Antimicrob Chemother* 1980; 6:225-30.

The action of povidone-iodine (Betadine) was tested with eight freshly isolated strains and stock cultures of eight recognised serotypes of *Ureaplasma urealyticum* as well as with two fresh isolates and one stock culture of *Mycoplasma hominis*. Povidone-iodine powder was dissolved in deionised water to produce a 10% stock solution and further dilutions of this were mixed with mycoplasmas in serum broth. After the solution had been mixed aliquots were removed at various intervals to determine the numbers of viable organisms. Povidone-iodine at 0.1% had no effect on the organisms but 0.5% killed all organisms within five minutes of mixing: small numbers of ureaplasmas (10^3) were killed immediately but, with large numbers (10^5), 10^2 viable organisms remained after one minute. Although the concentration of povidone-iodine required to inactivate some strains was greater than that required to inactivate others, all strains were inactivated by 0.6%. Mycoplasmas present in urine were killed by 0.5% povidone-iodine in four specimens but in one case 2% was required. In the latter case the ureaplasmas were subcultured and shown to be sensitive to 0.5% povidone-iodine suggesting that the urine had a protective effect.

The role of povidone-iodine in the treatment of genital infection is discussed. The authors consider that the recovery of mycoplasmas from the lower genital tract of women should not, in itself, suggest recourse to treatment with povidone-iodine. An evaluation of the use of povidone-iodine for bladder irrigation in patients with intractable cystitis from whom large numbers of tetracycline-resistant ureaplasmas have been consistently recovered is considered to be worthwhile. It is suggested that povidone-iodine may be used as an antiseptic agent within the laboratory by those working with any mycoplasmas.

H Young

Antichlamydial antibodies in chronic palmo-plantar pustulosis

CJ JANSEN, A HOLLMEN, R PAJARRE, AND P TERHO, (Satalinna Hospital, Finland). *Acta Derm Venereol (Stockh)* 1980; 60:263-6.

Serum antichlamydial antibodies were determined by indirect immunofluorescence in 40 patients with palmo-plantar pustulosis (PPP), a condition accounting for 0.4% of patient admissions to dermatological clinics. The diagnosis of PPP was based on a typical clinical picture with the exclusion of contact sensitivity and local bacterial or fungal infection.

Antibody titres ≥ 16 were found in 53% of cases and ≥ 64 in 38%. By comparison a titre of ≥ 64 was found in 13% of 55 patients with psoriasis, in 12% of 41 with eczema and urticarial rashes, and in 3% of 37 healthy contacts; the difference between the latter and study group was of statistical significance ($P < 0.01$). Five patients with PPP gave a history of previous genitourinary infection. *Chlamydia trachomatis* was isolated from the urethra and cervix of one of the eight patients with PPP with antibody titres of ≥ 64 . There was no evidence of prostatitis in any of the men studied.

The significance of the raised antichlamydial antibody titre in PPP is discussed with particular reference to the similar lesions found in Reiter's syndrome. It is concluded that elevated antichlamydial antibody titres may indicate a propensity to exaggerated immunological reactions to certain infectious agents such as chlamydia. In some cases systemic tetracycline had a therapeutic effect on PPP.

R S Pattman

Detection of *Chlamydia trachomatis* in rapidly produced McCoy cell monolayers

RT EVANS AND D TAYLOR-ROBINSON (Clinical Research Centre, Harrow, UK). *J Clin Pathol* 1980; 33: 591-4.

The 24-hour delay between seeding coverslips with cells and inoculating samples for culture of chlamydia was reduced to less than one hour by using coverslips which had been pretreated with glutaraldehyde-activated γ -aminopropyl-triethoxysilane. Treated coverslips were not toxic for McCoy cells and even one year after treatment monolayers formed rapidly on them. Furthermore, all of 13 *Chlamydia trachomatis* serotypes and one *Chlamydia psittaci* strains tested produced inclusions in such cell monolayers.

In comparative tests, when there were large numbers of inclusions, more were always seen in conventionally produced monolayers than in monolayers on treated coverslips. However, when there were few inclusions, more were seen in the latter monolayers, a phenomenon observed with unpassed chlamydia in clinical specimens as well as in laboratory-passaged strains. The rapid method is, therefore, as sensitive for isolating chlamydia as conventionally produced monolayers.

Authors' summary

Recovery of *Chlamydia trachomatis* from patients of a south-eastern venereal diseases clinic

BS BRADLEY, L McA FISHER, AND HP DALTON (Medical College of Virginia, Richmond, USA). *Am J Clin Pathol* 1980; 73: 774-81.

Non-gonococcal urethritis: a survey of clinical and laboratory features

TE ROOT, LD EDWARDS, AND PJ SPENGLER (Rockford School of Medicine, Rockford, Illinois, USA). *Sex Transm Dis* 1980; 7: 59-65.

The "borderline" smear in men with urethritis

AJ ARNOLD AND GS KLERIS (Emory University, Atlanta, USA). *JAMA* 1980; 244: 157-9.

Reiter's disease

Reiter's syndrome following Salmonella infection in a HLA-B27 carrier

M ROSENTHAL AND A THIEL (University of Basle, Switzerland). *Schweiz Med Wochenschr* 1980; 110: 920-2.

Trichomoniasis

Colitis associated with metronidazole therapy

R SAGINUR, CR HAWLEY, AND JG BARTLETT (Johns Hopkins University, Baltimore, USA). *J Infect Dis* 1980; 141: 772-4.

Candidosis

Vaginal yeasts in parturients and infestation of the newborns

VK HOPSHAVU, M GRÖNROOS, AND R PUNNONEN (University Central Hospital, Turku, Finland). *Acta Obstet Gynecol Scand* 1980; 59: 73-7.

The prevalence and nature of vaginal yeast infection was assessed in full-term pregnant women by culture of vaginal material taken during early labour. Oral swabs from their newborn infants were taken after seven days for similar evaluation.

Yeasts were cultured in 23.7% of the 992 women studied; 61% of these infected women had vulvovaginal symptoms during their pregnancy. *Candida albicans* was identified in 72% and *Saccharomyces cerevisiae* in 22% of patients; *S. cerevisiae* was found in only 6% in gynaecological patients with yeast infection. *Torulopsis glabrata*, found in 13% of gynaecological patients, was present in only 0.7% of the parturient women. Oral yeast infection was found by culture in only 3% of the 821 neonates examined, although there was no clinical evidence of infection. Several of these were cases where the mother's vaginal culture gave a negative result.

The different types of yeast colonisation in gravid and non-gravid women are discussed and other possible sources of neonatal oral infection indicated.

R S Pattman

Relationship between germination of *Candida albicans* and increased adherence to human buccal epithelial cells

LH KIMURA AND NN PEARSALL (University of Washington, Seattle, USA). *Infect Immun* 1980; 28: 404-8.

In-vitro activities of miconazole, miconazole nitrate, and ketoconazole alone and combined with rifampin against *Candida* spp and *Torulopsis glabrata* recovered from cancer patients

MR MOODY, VM YOUNG, MJ MORRIS, AND SC SCHIMPF (University of Maryland Hospital, Baltimore, USA). *Antimicrob Agents Chemother* 1980; 17: 871-5.

Calcium sequestering agents and nystatin interactions on cell wall morphology and fungistasis of *Candida albicans*

D PUGH AND RA CAWSON (Guy's Hospital, London, UK). *Sabouraudia* 1980; 18: 157-61.

Clinical efficacy of pimafucin (natamycin) vaginal tablets in a 10-day course for vaginal candidiasis

JWL AINSWORTH AND AM RUTHERFORD (Hutt Hospital, Hutt, New Zealand). *N Z Med J* 1980; 91: 420-1.

Genital herpes

Incubation of swab materials with herpes simplex virus

LR CRANE, PA GUTTERMAN, T CHAPEL, AND AM LERNER (Wayne State University, Detroit, USA). *J Infect Dis* 1980; 141: 531.

2' fluoro-5-iodoaracytosine, a potent and selective anti-herpesvirus agent

C LOPEZ, KA WATANABE, AND JJ FOX (Sloan-Kettering Institute, New York, USA). *Antimicrob Agents Chemother* 1980; 17: 803-6.

Comparative efficacy of anti-herpes drugs against different strains of herpes simplex virus

E DeCLERCQ, J DESCAMPS, G VERHELST, RT WALKER, AS JONES, PF TORRENCE, AND D SHUGAR (Catholic University of Leuven, Belgium). *J Infect Dis* 1980; 141: 563-4.

Prepubertal vaccination of mice against experimental infection of the genital tract with type 2 herpes simplex virus

GRB SKINNER, DR WILLIAMS, AW MOLES, AND A SARGENT (University of Birmingham, UK). *Arch Virol* 1980; 64: 329-38.

Other sexually transmitted diseases

Carbon dioxide laser treatment for condylomata acuminata venereal infection

MS BAGGISH (Mount Sinai Hospital, Connecticut, USA). *Obstet Gynecol* 1980;55:711-5.

One hundred and 10 women with condylomata acuminata were treated with the carbon dioxide (CO₂) laser between 1976 and 1979. All patients had had previous unsuccessful treatment with either podophyllin, 5-fluorouracil cream, cryosurgery, cautery, or excision.

The age range was from 4 to 61 years. The four children were admitted for general anaesthesia but the other patients had outpatient therapy with local infiltration block using 1% lignocaine or mepivacaine preceded by topical 5% lignocaine jelly. The location of the warts did not prevent use of the laser but some patients were "staged" for two or three treatments, especially those with extensive spread or with altered states of immunity such as pregnancy. Therapy was carried out at power sensitivities of 311 to 660 watts/cm²/s varying with depth of destruction required.

Catheterisation was required for one patient with warts near the urethra because of oedema and pain on micturition. The four children were also catheterised for the first 24 hours after therapy and then observed for 96 hours to exclude any urinary problems. Postoperative instructions were designed to encourage rapid healing of epithelium within three weeks. These included douches, baths, use of povidone-iodine solution, and abstinence from sex.

Six (5.5%) patients developed recurrent lesions but were again treated with more success. The author pointed out that these patients comprised the more difficult referral cases. In contrast, he advocated CO₂ laser therapy in pregnancy as first-line management.

The advantages of CO₂ laser therapy were related to its fine degree of accuracy, namely that the virus was destroyed by evaporation of the relevant cell layer of the stratified squamous epithelium and also that normal tissues remained undisturbed.

An additional observation was made that the cervical exfoliative cytology of 63 of the 110 patients with condylomata acuminata had atypia and the possibility of viral origin was suggested.

J M Harvey

Verrucous lesions of the female genitalia. I Giant condylomata

EE PARTRIDGE, T MURAD, HM SHINGLETON, JIM AUSTIN, AND KD HATCH (University of Alabama, Birmingham, USA). *Am J Obstet Gynecol* 1980;137:412-8.

Oral condyloma acuminatum. A case report with light microscopic and ultrastructural features

EL SHAFFER, BEF REIMANN, AND WB GYSLAND (William Beaumont Army Medical Centre, El Paso, USA). *J Oral Pathol* 1980;9:163-73.

Malignant potential of perianal condyloma acuminatum

ML PRASAD AND H ABCARIAN (Cook City Hospital, Chicago, USA). *Dis Colon Rectum* 1980;23:191-5.

Prevalence of antibodies to hepatitis A antigen in patients attending a clinic for treatment of sexually transmitted diseases

ES McFARLANE, JA EMBIL, FR MANUEL, AND M GORELICK (Dalhousie University, Halifax, Canada). *Sex Transm Dis* 1980;7:87-9.

TEM-type β -lactamase production in *Haemophilus ducreyi*

IW MacLEAN, GHW BOWDEN, AND WL ALBRITTON (University of Manitoba, Canada) *Antimicrob Agents Chemother* 1980;17:897-900.

Public health and social aspects

Factors influencing the success of a community VD program held in a university facility

SS HACKER, NS PALCHICK-ALLEN, AND CE ROSEY (University of Michigan, USA). *Public Health Rep* 1980;95:247-52.

Intensive screening for gonorrhea, syphilis, and hepatitis B in a gay bath-house does not lower the prevalence of infection

FC WOLF AND FN JUDSON (Colorado Department of Health, Denver, USA). *Sex Transm Dis* 1980;7:49-52.

Focused interviewing in gonorrhea control

L PHILLIPS, JJ POTTERAT, RR ROTHENBERG, C PRATTS, AND RD KING (Center for Disease Control, Atlanta, USA). *Am J Public Health* 1980;70:705-8.

Miscellaneous

Sequential vaginal cultures from normal young women

RL SAUTTER AND WJ BROWN (Wayne State University, Detroit, USA). *J Clin Microbiol* 1980;11:479-84.

Antibodies to *Haemophilus equigenitalis* in patients with urethritis (letter)

PA MARDH, E HOLST, D TAYLOR-ROBINSON, CED TAYLOR, AND RO ROSENTHAL (University of Lund, Sweden). *Lancet* 1980;ii:310-1.

Isolation of *Neisseria meningitidis* from anogenital specimens from homosexual men

BL CARLSON, NJ FIUMARA, RJ KELLY, AND WM McCORMACK (Massachusetts Department of Public Health, Boston, USA). *Sex Transm Dis* 1980;7:71-3.

Sexually transmitted diseases and traumatic problems in homosexual men

WF OWEN (University of California, San Francisco, USA). *Ann Int Med* 1980;92:805-7.

Epidemiology of anorectal disease: a review

RR WILLCOX (St Mary's Hospital, London, UK). *J R Soc Med* 1980;73:508-9.

The terrible peril: a historical perspective on the venereal diseases

MW ADLER (Academic Department of Genitourinary Medicine, Middlesex Hospital, London). *Br Med J* 1980;281:206-11.

Behçet's syndrome with myositis. A case report with pathologic findings

CR ARKIN, BM ROTHCHILD, NT FLORENDO, AND N POPOFF (University of Tennessee, USA). *Arthr Rheum* 1980;23:600-4.

Proliferative glomerulonephritis with crescent formation in Behçet's syndrome

PJ OLSSON, E GAFFNEY, RW ALEXANDER, DR MARS, AND TJ FULLER (University of Florida, USA). *Arch Int Med* 1980;140:713.

Surgical implications of Behçet's disease

LL KETCH, CA BUERK, AND RD LIECHTY (University of Colorado, Denver, USA). *Arch Surg* 1980;115:759-61.